

Fire Department Position Statement

To be completed for fire or life-safety related variances requested from SPS 361-366, SPS 316, SPS 327, and other fire-related requirements.

I have read the application for variance and recommend: (check appropriate box)

☐ Approval☐ Conditional Approval☐ Denial☐ No Comment

Explanation for recommendation including any conflicts with local rules and regulations and suggested conditions:

Fire Department Name and Address	
Name of Fire Chief or Designee (type or print)	Telephone Number
Signature of Fire Chief or Designee	Date Signed

Local Government Inspection Recommendation

To be completed for variances requested from SPS 316, SPS 320-323, SPS 327 and SPS 383. For SPS 361-366, complete if plan review is by municipality or orders are written on the building under construction; optional in other cases. Please submit a copy of the orders.

I have read the application for variance and recommend: (check appropriate box)

☐ Approval☐ Conditional Approval☐ Denial☐ No Comment

Explanation for recommendation including any conflicts with local rules and regulations and suggested conditions:

Local Government Exercising Jurisdiction	
Name and Address of Jurisdiction Official (type or print)	Telephone Number of Enforcement Official
Signature of Local Government Enforcement Official	Date Signed

Public Health/Life Safety Position Statement

To be completed for public health and life-safety related variances requested from SPS 382, SPS 384 and SPS 390, and other public swimming pool related requirements.

I have read the application for variance and recommend: (check appropriate box)

☐ Approval☐ Conditional Approval☐ Denial☐ No Comment

Explanation for recommendation including any conflicts with local rules and regulations and suggested conditions:

☐ Department of Agriculture, Trade & Consumer Protection (DATCP)☐ Department of Health Services (DHS)☐ Department of Natural Resources (DNR)☐ Other:

Name of Designee (type or print)	
Signature of Designee	Date Signed